## REQUEST FORM FOR COLLECTION LABELS

Call Number:			Collection Name Collection Name (cont.) Series/Subseries Variable Information Call Number Box Number	
B. Ha C. Ha D. Cu	andard (regular flat, correspondence (alf-size Correspondence (alf-size Flat (1" x 2") ustom (Describe on a separallabeling information:	I-1/4" x2")	) (2"x 3")	
Box # range	<u>Label Type</u>	<u>Series</u>		Sub-series
			<u></u>	_
			<u></u>	
-				
	<del></del>			
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			<u> </u>	

Box # range	<u>Label Type</u>	<u>Series</u>	<u>Sub-series</u>

## **Instructions:**

- A. Forward the completed form to the staff member assigned to create the labels.
- B. A draft will be returned to you. Review, correct if necessary, initial, and date the draft and arrange with the section head for the labels to be printed and adhered to the boxes.